

Site Accreditation Report – Behavior Management Systems

Completed: May 11-13, 2020

Levels of Care Reviewed:

Substance Use Disorder (SUD) Services

Outpatient Services

Clinically Managed Low-Intensity Residential Treatment Program (3.1)

Medically Monitored Intensive Treatment Program (3.7)

Mental Health (MH) Services

Outpatient Services

Child and Youth or Family Services (CYF)

Comprehensive Assistance with Recovery and Empowerment Services (CARE)

Individualized Mobile Programs of Assertive Community Treatment (IMPACT)

Review Process: Behavior Management Systems was reviewed by Division of Behavioral Health staff for adherence to the Administrative Rules of South Dakota (ARSD) and Contract Attachments. The following information was derived from the accreditation survey of your agency. This report includes strengths, recommendations, and citations for Plans of Corrections and results from reviewing policies and procedures, personnel and case file records, and conducting interviews with clients, administration, and agency staff.

Administrative Review Score: 95.4%

Combined Client Chart Review Score: 89.9%

Cumulative Score: 90.4%

ADMINISTRATIVE REVIEW SUMMARY

Strengths: Behavior Management Systems displays passion for the field and their clients. The agency has a leadership team with open communication to staff members and the board of directors. The staff reported positive feedback regarding the change in leadership and a seamless transition. Staff report feeling supported by the leadership team as they encourage the staff to attend trainings and continue in their professional development. Leadership also provides supervision for all staff regardless of staff attaining their highest level of credentials which speaks to the clinicians strong counseling skills. Longevity of staff reflects the agencies' commitment to their employees. Clients interviewed reported satisfaction with their services and feel supported when in a time of crisis. The agency's policy and procedure manual is organized and includes involvement with the board of directors.

Plan of Correction:

The following areas will require a plan of correction to address the rules of non-compliance which shall include an updated policy and/or procedure, a time frame for implementation of this procedure, the staff

position or title responsible for implementation and the staff position or title responsible for ensuring continued compliance of these rules.

1. According to ARSD 67:61:06:07, each agency shall have a discharge policy that constitutes reason for discharge at staff request; the procedure for the staff to follow when discharging a client involved in the commission of a crime on the premises of the program or against its staff, the procedure for the staff to follow when a client leaves against medical or staff advice, prohibition against automatic discharge for any instance of non-prescribed substance use, or for any instance of displaying symptoms of mental or physical illness; and procedure for referrals for clients with symptoms of mental illness or a medical condition and those requesting assistance to manage symptoms. The agency did not have a discharge policy and one will need to be developed.
2. According to ARSD 67:61:05:01, a two-step Tuberculin skin test for new employees is required, with one-step occurring within 14 days of the date of hire and the second step within the first twelve months of employment. The documentation of the first required TB skin test was not completed within the 14 days of hire in two out of two personnel records reviewed. The agency should develop a policy to ensure staff complete the TB test within 14 days of hire.
3. According to 67:62:08:03, the agency shall have written policies and procedures to ensure the closure and storage of case records at the completion or termination of services including:
 - (1) The identification of staff positions or titles responsible for the closure of case records within the agency and the MIS;
 - (2) Procedures for the closure of records for inactive clients, that are clients who have had no contact by phone or by person with the agency for a time period of no longer than six months; and
 - (3) Procedures for the safe storage of client case records for at least six years from closure.The agency does not have a policy regarding the closure of inactive clients who have not had contact for longer than six months and a policy will need to be established.

CLIENT CHART REVIEW SUMMARY

Strengths: The assessments are easy to read, detailed, and organized. Treatment plans are detailed, individualized, and have a high level of client input. Weekly progress notes contain detailed information regarding the description of the services received and the assessment of the client. Progress note plans are highly individualized. Mental health treatment plan reviews contain detailed justifications for continued service and substance use disorder charts contain detailed continued service reviews.

Plan of Correction:

The following areas will require a plan of correction to address the rules of non-compliance which shall include an updated policy and/or procedure, a time frame for implementation of this procedure, the staff position or title responsible for implementation and the staff position or title responsible for ensuring continued compliance of these rules.

1. In review of the CYF charts, one out of three charts reviewed were missing one or more of the required elements for a treatment plan review. In review of the CARE charts, two out of the five charts reviewed were missing one or more of the required elements for a treatment plan review. In review out of the MH Outpatient charts, three out of the five charts reviewed were missing one or more of the required elements for a treatment plan review. ARSD 67:62:08:08 treatment plan reviews need to contain the following elements:

Treatment plans shall be reviewed in at least six-month intervals and updated if needed.

Treatment plan reviews shall include a written review of any progress made toward treatment goals or objectives, significant changes to the treatment goals or objectives, and a justification for the continued need for mental health services. Treatment plan reviews may be documented in the progress notes or other clinical documentation; however, any changes in the client's treatment plan goals or objectives shall be documented in the treatment plan. Treatment plan reviews shall include the mental health staff's signature, credentials, and date.

2. In review of the SUD charts, two out of three outpatient charts reviewed were missing one of more the elements for a transfer or discharge summary. In review of the 3.1 charts, two out four charts reviewed were missing one or more of the elements for a transfer or discharge summary. In review of the 3.7 charts, one out of four charts were missing one more of the elements for a transfer or discharge summary.

In review of the MH charts, two out of seven CYF charts reviewed were missing one or more of the required elements for a transfer or discharge summary. In review of the MH Outpatient charts, two out of seven charts reviewed were missing one or more of the required elements for a transfer or discharge summary. In review of the CARE charts, two out of six charts reviewed were missing one or more of the required elements for a transfer or discharge summary. A transfer or discharge summary shall be completed upon termination or discontinuation of services within five working days according to ARSD 67:61:07:10 and 67:62:08:14. The charts listed above were missing one or more of the following requirements:

- A transfer or discharge summary completed within five working days;
- A transfer or discharge summary on the client's problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan must be maintained in the client case record;
- If client prematurely discharges from services, reasonable attempts are made and documented to re-engage client into services.

3. According to ARSD 67:61:07:12 Tuberculin screening requirements, a designated staff member shall conduct tuberculin screening for the absence or presence of symptoms with each client newly admitted to outpatient treatment within 24 hours of admission to determine if the client has had any of the following symptoms within the previous three months:

- Productive cough for a two to three-week duration;
- Unexplained night sweats;
- Unexplained fevers; or
- Unexplained weight loss.

In review of the agency's SUD charts, two out of three outpatient charts, three out of four 3.1 charts, and two out of four 3.7 charts did not have the TB screen completed within 24 hours of admission. The agency will need to ensure the questions are completed within 24 hours of admission for compliance with the rule.

4. Medically Monitored Intensive Inpatient (3.7) Treatment programs shall provide a minimum of 21 hours of individual, group, or family counseling per week. The program shall also provide a minimum of nine hours of additional services on specialized topics that address the specific needs of the client for a minimum total of 30 hours per week according to ARSD 67:61:18:05. The additional services shall be provided by an individual trained in the specific topic presented. Four out of four client charts reviewed did not have documentation to support the minimum number of service hours were being met each week, the agency should ensure that the clients are receiving 30 hours of programming per week and that the specialized services are documented in the chart.
5. According to ARSD 67:61:18:02, Medically Monitored Intensive Inpatient (3.7) Treatment programs shall within 8 hours of admission, each client shall receive a medical evaluation, including a second reading of blood pressure, pulse and respiration, conducted by a RN or LPN. In review of the charts, four out of four charts were missing a second reading of blood pressure, pulse, and respiration within 8 hours in which the time was documented. All four charts contained vital signs taken however it was unclear at which time they were obtained. Ensure the evaluation by a RN or LPN is conducted twice within 8 hours of admission and the times are documented.
6. According to ARSD 67:61:18:02, Medically-Monitored Intensive Inpatient (3.7) Treatment programs shall, within 72 hours after admission, each client shall receive a complete blood count and urinalysis and a complete physical examination by or under the supervision of a physician licensed by the state, who shall also evaluate the results of the tests conducted. In review of the charts, two out of four charts were missing documentation of the physical exam including the complete blood count and urinalysis requirement within 72 hours of admission. The agency should also ensure a process that provides for a client to obtain a medical exam with complete blood count and urinalysis within 72 hours of admission including in the event that the primary medical provider utilized by BMS is unavailable.
7. According to 67:62:13:02, A center shall provide clients with an average of 16 contacts per month with IMPACT staff and more often if clinically appropriate. In review of the IMPACT charts, three out four charts reviewed did not have documentation of at least 16 contacts per month. The agency shall ensure this requirement is being met for each IMPACT client and documented in the client chart.

Recommendations:

1. According to ARSD 67:62:08:09, clinical supervisors shall conduct one treatment plan review at least annually. In review of the CARE charts, one out of the five charts reviewed were missing a supervisory review. In review out of the MH Outpatient charts, one out of the three charts were missing a supervisory review. The agency should ensure that supervisory reviews are completed annually by clinical supervisors on all mental health charts. Also, to note the supervisory reviews are completed on two different forms with only one supervisor signature on one of the forms due to the

logistics of their electronic health record. The agency should ensure that the supervisor shall sign the entirety of the review when they transition to their new electronic health record.

2. According to 67:61:16:04, a person admitted to a clinically managed low-intensity residential treatment program must have received a medical examination conducted by or under the supervision of a licensed physician within the three months before admission or within five calendar days after admission. In review of the 3.1 charts, one out of four charts were missing documentation of the medical exam. The agency shall ensure this medical exam occurs and is documented in the chart.